

INTRODUCTION

Following the 1979 release of *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention* (1), a total of 226 national health objectives were published in the 1980 report, *Promoting Health, Preventing Disease: Objectives for the Nation* (2). Those objectives set a course toward the target year 1990 in addressing measures to improve health status and reduce health risks across 15 areas of mortality, morbidity, preventive interventions, and health-related behaviors.

Issued in November 1986, the Public Health Service report, *The 1990 Health Objectives for the Nation: A Midcourse Review* (3), provides a status report on the national objectives, a commentary on that status, and an assessment of what will be needed to reach the 1990 target successfully.

The present report, *1990 Health Objectives for the Nation: The North Carolina Course*, is in response to 30 quantifiable national objectives for which comparable and reliable North Carolina data are available. It is meant to inform health planners, policy makers, and the health community at large of state and national trends and the statistical prospects for meeting each of the 30 objectives, based on trends of the recent past. The additional 196 national objectives not included here are addressed from a nationwide perspective in the report cited above (3).

TECHNICAL NOTES

Resident Data

All North Carolina data shown in this report are for residents of the state except data obtained from the Office of the Chief Medical Examiner and the Newborn Screening Program, which reflect events occurring in North Carolina. The denominators for population-based rates are midyear population counts obtained from the Office of State Budget and Management.

Crude Rates

Where applicable, the national objectives were developed on the basis of crude (unadjusted) rates rather than rates adjusted for age, race or other factors.

International Classification of Diseases (ICD)

The causes of death examined in this report are defined in terms of codes from the Eighth and Ninth revisions of the *International Classification of Diseases* (4,5). The Ninth Revision was implemented in 1979.

While each death certificate may have as many as 25 causes, conditions, or contributing factors coded and keyed, only the underlying cause of death was used in developing the national objectives.

Projections to 1990

The North Carolina projections depicted in this report are based on fitting a linear regression model to the logarithm of the observed rates, percentages or numbers. Logarithms are used because they follow a constant proportional change rather than a constant arithmetical change. These log-linear projections assume that the lower a value has become, the more difficult it will be to achieve further reductions. However, these projections are only extrapolations of the observed trends and could be substantially inaccurate if 1987-1990 trends depart very much from those of the recent past. The projections are based on data for 1982-1986, the latest five-year period for which data are available. It was felt that 1987-1990 trends would correspond more closely to those of the last five years than to those of the longer-term past. Again, the projections are only "statistical estimates" of future values, and they may prove to be grossly inaccurate.